FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000026881**1. Corporation Name

STACI H. GENET, ESQ., P.A.

Principal Place of Business

Mailing Address

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90109 013 ***150.00



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1323 SOUTHEAST THIRD AVENUE FT. LAUDERDALE FL 33316	1323 SOUTHEAST THIRD AVENUE FT. LAUDERDALE FL 33316		İ		
F1. LAUDENDALE FE 33310	TT. ENDOCHOREE TE GOOTO		DO NOT WRITE IN T	HIS SPACE	
			3. Date Incorporated or Qualifed		-
			04/05/1995		
2. Principal Place of Business	2a. Mailing Address	1	4. FEI Number	Ap	plied For
1 2875 NE 1918+ STRE		1918 ST	65-0572264	_ No	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		_	\$8.75	Additional
±500	27 #500		5. Certifcate of Status Desired	Fee Re	equired
City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
3 the Aventura M	, 28 Aventura	, EL	Trust Fund Contribution	Added t	
Zip Country 24 33180 25 USA	Zip 3318D 30	Country	 This corporation owes the current year Personal Property Tax. 	r Intangible ☐ Yes	Z ÍN₀
9. Name and Address of Curre		1	10. Name and Address of New Register	red Agent	<i>e</i>
o. Hand are transcript		81 Name			
GENET, STACI H.					
1323 SOUTHEAST THIRD AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	ρ	J
FORT LAUDERDALE FL 32316		83	NE 1-112 31. 430	<u></u>	
TOTAL CAUCATION AND THE SECOND					
	\sim / / \sim	84 City		85 Zip	codeen
	\mathcal{M}	Ave	Name -	FL " 3 =	3180
11. Pursuant to the provisions of Sections 807.05	2 ant/607.1506; Florida Statutés,	, the above-named corp vorized by the corporati	poration submits this statement for the purposi on's board of directors. I hereby accept the at	3 of changing its oppintment as re-	registered gistered
11. Pursuant to the provisions of Sections 807.05 office or registered agent or both in the State agent. I am familiar with and accept the oblig	ations of, Section 607 0505, Florida	a Statutes.	on a court of an extensive training according to	,	~
SIGNATURE CONTRACTOR	V				
Signature, typed or printed name of registered ag	ant and tells if applicable (NOTE: Re	egistered Agent signature require			
12. OFFICE(XS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE (PSTV)	DELÉTE	1.1 TITLE		Change	☐ Addition
NAME GENET, STACLH		1.2 NAME	- a cet air u		1
STREET ADDRESS 1323 S.E. THIRD AVE.	•	1.3 STREET ADORESS 🖁	1895 NE 1918 ST, # VENGELVA, FL 3391	500	· ·
CITY-ST-ZIP FT. LAUDERDALE FL 33316		1,4 CiTY-ST-ZIP	rentura, FL 331	80_	
TITLE	☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME		2.2 NAME			
STREET ADDRESS	,	2.3 STREET ADDRESS			
·- ~-		2. 4 CITY-ST-ZIP			[
CITY- ST- ZIP	☐ DELETE	3.1 TITLE		Change	Addition
TITLE		3.2 NAME		- <u>-</u>	
NAME		I .			
STREET ADDRESS	,	3.3 STREET ADDRESS			
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NAME	1	4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME	1	5.2 NAME			
STREET ADDRESS	1	5 3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	Addition
NAME	1	6.2 NAME		•	
	_	6 3 STREET ADDRESS		-	
STREET ADDRESS		A4 CITY-ST-AF			ĺ
converting /	1 / /	= p.+ ∪(((*∪()////))			

14. I hereby certify that the information supplied with this filling does not qualify for the exemption/stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed, or on an attachment with an address, was late other like empowered.

SIGNATURE: